



**CITY OF LEOMINSTER  
OFFICE OF RETIREMENT BOARD  
ROOM 15, CITY HALL, 25 WEST ST.  
LEOMINSTER, MASSACHUSETTS 01453**

CHAIRMAN

John J. Richard

ELECTED MEMBERS

Paul R. Doig

John F. Picone

APPOINTED MEMBERS

Aldo J. Mazzaferro

David Laplante

Tel: (978) 534-7507 ext. 4

Fax: (978) 534-7508

**PLEASE NOTE FAILURE TO COMPLETE AND RETURN THIS FORM TO THE  
LEOMINSTER RETIREMENT BOARD BY SEPTEMBER 30, 2004**

**SHALL RESULT IN FUTURE PENSION PAYMENTS BEING WITHHELD UNTIL  
SUCH FORM IS RECEIVED.**

**PLEASE ANSWER THE FOLLOWING:**

**I \_\_\_\_\_, being retired OR a survivor of a deceased  
employee of the City of Leominster or the Federal Housing Authority, am currently  
receiving a pension from the Leominster Retirement System.**

**Address (Street, City, State, Zip): \_\_\_\_\_**

\_\_\_\_\_

**Address where I receive my mail: \_\_\_\_\_**

\_\_\_\_\_

**Marital Status: \_\_\_\_\_ Do you have children under 18? \_\_\_\_\_**

**Do you have children over 18 years of age, but not over the age of 22 years  
who are attending school as full-time students at a fully accredited school \_\_\_\_\_**

**SIGNED : \_\_\_\_\_ PHONE NO: \_\_\_\_\_**

**(Retiree OR Survivor)**

**RETIREE'S SOCIAL SECURITY #: \_\_\_\_\_**

**In case of death of a pensioner or survivor, this office shall be notified AT ONCE by  
the next of kin.**

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**TO BE COMPLETED BY NOTARY PUBLIC (If you are able to bring this form to the  
Retirement Board Office located in Room 15 of City Hall personally, it is not necessary to  
have this form notarized.)**

**Subscribed and sworn to before me on this the \_\_\_\_\_ day of \_\_\_\_\_  
in the year \_\_\_\_\_, at \_\_\_\_\_**

**City or Town, /State**

**My Commission Expires \_\_\_\_\_**

**Notary Public**